

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 16

August 26, 2015

SUBJECT: MILITARY LEAVE OF ABSENCE – REVISED; MILITARY LEAVE NOTIFICATION, FORM 01.36.05 – ACTIVATED; AND, REQUEST FOR LEAVE OF ABSENCE, FORM 01.36.00 – REVISED

PURPOSE: Department personnel serving in the United States military are frequently called to active military service. This Order revises Department Manual Section 3/730.20, *Military Leave of Absence*, to include additional responsibilities of the employee's commanding officer and supervisor when an employee is called to active military duty. Additionally, this Order activates the Military Leave Notification, Form 01.36.05, and revises the Request for Leave of Absence, Form 01.36.00.

PROCEDURE:

- I. MILITARY LEAVE OF ABSENCE – REVISED.** Attached is the revised Department Manual Section 3/730.20, *Military Leave of Absence*, with revisions indicated in italics.
- II. MILITARY LEAVE NOTIFICATION, FORM 01.36.05 – ACTIVATED.** The Military Leave Notification, Form 01.36.05, is activated.
 - A. Use of Form.** This form shall be used whenever an employee receives written orders or has knowledge of orders, to report for active duty within the Armed Forces of the United States.
 - B. Completion.** The completion of this form is self-explanatory.
 - C. Distribution.**
 - 1 – Original, retained in the Records Unit, Personnel Division.
 - 1 – TOTAL
- III. REQUEST FOR LEAVE OF ABSENCE, FORM 01.36.00 – REVISED.** The Request for Leave of Absence, Form 01.36.00, has been revised to remove any reference to military leave. The use, completion, and distribution of the form remains unchanged.

FORM AVAILABILITY: The Military Leave Notification and the Request for Leave of Absence are attached for immediate use and duplication and are accessible in E-Forms, on the Department's Local Area Network (LAN).

AMENDMENT: This Order amends Section 3/730.20 of the Department Manual. The "Form Use" link applicable to the Military Leave Notification and the Request for Leave of Absence are accessible in E-Forms on the Department's LAN.

AUDIT RESPONSIBILITY: The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.

A handwritten signature in black ink, appearing to read 'C. Beck'.

CHARLIE BECK
Chief of Police

Attachments

DISTRIBUTION "D"

**DEPARTMENT MANUAL
VOLUME III
Revised by Special Order No. 16, 2015**

730.20 MILITARY LEAVE OF ABSENCE. Employees entering active duty with the Armed Forces of the United States are entitled to a leave of absence under the provisions of the Los Angeles City Administrative Code, Division 4, Chapter 3, Article 6, Section 4.175 (a). *Upon receipt of written orders or knowledge of orders to report for active duty within the Armed Forces of the United States, the employee shall report this information to his/her commanding officer on an Employee's Report, Form 15.07.00, and upon receiving military orders, the employee shall deliver three certified copies of his/her military orders along with a Military Leave Notification, Form 01.36.05, to the Records Unit, Personnel Division. In extenuating circumstances (i.e., vacation, employee assigned to morning watch), the employee shall contact the Military Liaison who shall assist with processing the military orders. An employee on military leave shall be governed by Manual Section 3/607.30 regarding City-owned property.*

Note: *Military orders are to be certified by a commissioned officer or enlisted non-commissioned officer E-7 and above of the Armed Forces of the United States. The person certifying the orders shall verify the orders are true, print and sign his/her name, rank, and write the date of the certification.*

All military personnel shall update their Employee Record, Form 01.38.00, prior to going on military leave.

Probationary Police Officers. The guidelines set forth in Manual Section 3/760.45 shall be adhered to when a probationary officer is placed on military leave. *Probationary police officers shall, at the discretion of the Commanding Officer of Administrative Services Bureau, be required to attend reintegration training based on the amount of time the employee was on military orders (absent from the Department).*

Supervisor's Responsibilities. *The assigned supervisor shall ensure that a sworn or civilian employee who has been called to active duty is afforded the opportunity to meet with representatives from the following applicable entities:*

- *Military Liaison, Administrative Services Bureau (ASB);*
- *Los Angeles Fire and Police Pensions or Los Angeles City Employees' Retirement System;*
- *Los Angeles Police Relief Association;*
- *Los Angeles Police Protective League or the appropriate civilian employee union; and,*
- *City of Los Angeles Deferred Compensation Plan.*

It is critical that the Department has the ability to contact the employee and/or the employee's family in the event of an emergency. The assigned supervisor shall ensure that the concerned employee updates his/her Employee Record prior to going on military leave. Additionally, the supervisor shall ensure that the employee meets with staff from Military Liaison, ASB.

Note: *Employees shall be encouraged to update beneficiary information with respect to their personal financial institutions, privately held insurance policies, and retirement plans. The Family Protection Checklist, Form 01.38.01, is provided as a reminder and to assist employees in keeping emergency notification information and family benefit plans current.*

**DEPARTMENT MANUAL
VOLUME III
Revised by Special Order No. 16, 2015**

The Family Protection Checklist is available in E-Forms on the Department's Local Area Network.

Commanding Officer's Responsibilities. *When notified that an employee from his/her command is entering active duty in the Armed Forces of the United States, the commanding officer shall assign a supervisor to ensure that the employee is afforded the opportunity to complete the required paperwork and update dependent and beneficiary information with respect to City benefits.*

MILITARY LEAVE NOTIFICATION

01.36.05 (08/15)

DATE SUBMITTED	EMPLOYEE'S NAME (LAST, FIRST, MI)		SERIAL NO.	RANK/PAYGRADE	DIVISION OF ASSIGNMENT
TYPE OF LEAVE WITH PAY <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/>	DATES (FROM)	TO (INCLUSIVE)	NOTE: IN ADDITION TO THIS FORM, LEAVES WITHOUT PAY TOTALING 16 CALENDAR DAYS OR MORE IN THE AGGREGATE FOR THE CALENDAR YEAR REQUIRE COMPLETION OF A REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY, FORM GENERAL 38.		
EXTENSION YES <input type="checkbox"/> NO <input type="checkbox"/>	ORIGINAL LEAVE DATES (FROM)	TO	IF PREVIOUS LEAVE IS ASSOCIATED WITH THIS ACTIVITY – WHAT IS THE AMOUNT OF TIME? HOW MANY MONTHS AND DAYS?		
<input type="checkbox"/> MILITARY ORDERS - ATTACH THREE (3) CERTIFIED COPIES OF THE MILITARY ORDERS (CERTIFIED COPIES ARE SIGNED BY A UNITED STATES ARMED FORCES COMMISSIONED OFFICER OR ENLISTED NON-COMMISSIONED OFFICER E-7 AND ABOVE). THE SIGNED COPIES SHALL INCLUDE THE RANK AND PRINTED NAME OF THE CERTIFYING OFFICIAL. CERTIFICATION MEANS THE ORDERS ARE KNOWN TO BE TRUE ORDERS. EMPLOYEES SHALL HAND CARRY THIS FORM ALONG WITH THE THREE CERTIFIED COPIES OF THE MILITARY ORDERS TO THE RECORDS UNIT, PERSONNEL DIVISION, ROOM P-139, LOCATED IN THE POLICE ADMINISTRATION BUILDING (PAB). NOTE: IF THE ABOVE REQUIREMENTS CREATE A HARDSHIP FOR THE MEMBER (EMPLOYEE ASSIGNED TO MORNING WATCH, EMPLOYEE IS ON VACATION, ETC.), THE EMPLOYEE SHALL CONTACT THE MILITARY LIAISON OFFICER AT: MILITARYLIAISON@LAPD.LACITY.ORG. THE MILITARY LIAISON OFFICE SHALL ASSIST IN PROCESSING THE MILITARY ORDERS IF EXTENUATING CIRCUMSTANCES EXIST.					
MILITARY ADDRESS WHILE DEPLOYED (INCLUDE CITY, COUNTRY, ZIP CODE, PHONE NUMBER)					
ON PROBATION (ANY ENTRY LEVEL PROMOTION OR UPGRADE CIVIL SERVICE RULE) <input type="checkbox"/> YES <input type="checkbox"/> NO END OF PROBATION DATE: _____ NOTE: IF ON PROBATION, THE PROBATION TIME SHALL BE EXTENDED IN ACCORDANCE WITH DEPARTMENT POLICY.					
ADDITIONAL INFORMATION					
			EMPLOYEE'S SIGNATURE		
ADMINISTRATIVE SERVICES BUREAU COMMANDING OFFICER		CHECK IF TELEPHONIC <input type="checkbox"/>		ADMINISTRATIVE SERVICES BUREAU COMMANDING OFFICER'S SIGNATURE	
				DATE	
RANK & NAME OF MILITARY LIAISON OFFICER		MILITARY LIAISON OFFICER'S SIGNATURE		DATE	
SUBMITTING INSTRUCTIONS ➤ THREE CERTIFIED COPIES OF ORDERS ALONG WITH THE MILITARY LEAVE NOTIFICATION FORM TO PERSONNEL DIVISION, POLICE ADMINISTRATION BUILDING (PAB), ROOM P-139. ➤ ORDERS SHALL BE CERTIFIED BY A COMMISSIONED OFFICER OR NON-COMMISSIONED OFFICER E-7 AND ABOVE IN THE UNITED STATES ARMED FORCES. ➤ IF EXTENUATING CIRCUMSTANCES EXIST, PLEASE CONTACT MILITARY LIAISON, AT (213) 486- 4720.					

REQUEST FOR LEAVE OF ABSENCE

DATE REQUEST SUBMITTED		EMPLOYEE'S NAME (LAST, FIRST, MI)		SERIAL NO.	RANK/PG	DIVISION OF ASSIGNMENT
LEAVE REQUESTED <input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY		DATES (FROM)	TO (INCLUSIVE)	NOTE: IN ADDITION TO THIS FORM, LEAVES WITHOUT PAY TOTALING 16 CALENDAR DAYS OR MORE AGGREGATE FOR THE CALENDAR YEAR REQUIRE COMPLETION OF A REQUEST FOR LEAVE OF ABSENCE, FORM GENERAL 38.		
<input type="checkbox"/> EXTENSION		ORIGINAL LEAVE DATES (FROM)	TO	HAS A PREVIOUS LEAVE ASSOCIATED WITH THIS ACTIVITY BEEN TAKEN? <input type="checkbox"/> NO <input type="checkbox"/> YES		AMOUNT OF TIME
<input type="checkbox"/> MEDICAL		ATTENDING PHYSICIAN'S NAME		BUSINESS ADDRESS	CITY	ZIP CODE PHONE
<input type="checkbox"/> MATERNITY ON MEDICAL LEAVE OF SEVEN (7) DAYS OR MORE - ATTACH A WRITTEN STATEMENT FROM THE PHYSICIAN INDICATING AN ESTIMATE OF THE EARLIEST RETURN TO DUTY DATE. FOR MATERNITY LEAVE, THE STATEMENT SHOULD INCLUDE THE LAST DATE THE EMPLOYEE MAY WORK AND THE APPROXIMATE DELIVERY DATE. IF THIS MEDICAL LEAVE IS FOR LESS THAN 7 DAYS, STATE BELOW.						
<input type="checkbox"/> FAMILY DEATH OF: _____ WAS RELATIVE LIVING IN EMPLOYEE'S HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO <div style="text-align: center;">RELATIONSHIP</div>						
<input type="checkbox"/> PREVENTIVE MEDICINE TYPE: <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL <input type="checkbox"/> OTHER _____ # OF HOURS (PM/PI/SK CAN BE TAKEN IN 1/2 HOUR INCREMENTS): _____ # OF HOURS USED THIS YEAR TO DATE: _____						
<input type="checkbox"/> FAMILY ILLNESS OF _____ # OF HOURS _____ # OF HOURS USED THIS YEAR TO DATE _____ <div style="text-align: center;">RELATIONSHIP</div>						
<input type="checkbox"/> FAMILY LEAVE TYPE <input type="checkbox"/> COMPENSATORY/TIME-OFF <input type="checkbox"/> VACATION <input type="checkbox"/> SICK <input type="checkbox"/> UNPAID LEAVE <div style="display: flex; justify-content: space-around;"> # OF HOURS _____ # OF HOURS _____ # OF HOURS _____ # OF HOURS _____ </div>						
<input type="checkbox"/> EDUCATIONAL ATTACH PROOF OF ENROLLMENT AND SCHEDULE OF CLASSES. INCLUDE STATEMENT BELOW THAT YOU INTEND TO RETURN TO CITY SERVICE.						
<input type="checkbox"/> SCHOOL LEAVE TYPE <input type="checkbox"/> COMPENSATORY/TIME-OFF <input type="checkbox"/> VACATION <input type="checkbox"/> UNPAID LEAVE # OF HOURS _____ # OF HOURS USED THIS YEAR TO DATE _____ <div style="text-align: right;"># OF HOURS USED THIS MONTH _____</div>						
<input type="checkbox"/> OTHER						
EXPLAIN FULLY ALL LEAVE OF ABSENCE REQUESTS						
				EMPLOYEE'S SIGNATURE _____		
				CHECK IF TELEPHONIC <input type="checkbox"/>		
DIVISION OF ASSIGNMENT		COMMENTS OF EMPLOYEE'S COMMANDING OFFICER TO EXPLAIN UNUSUAL CIRCUMSTANCES, ETC.				
MANDATORY CHECKBOX <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		RANK AND NAME OF EMPLOYEE'S COMMANDING OFFICER			COMMANDING OFFICER'S SIGNATURE	
PERSONNEL DIVISION						
ON PROBATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> WITH PAY PENDING REVIEW BY POLICE ACCOUNTING <input type="checkbox"/> WITHOUT PAY						
MEDICAL OFFICER'S SIGNATURE			AUTHORIZING OFFICER'S SIGNATURE			DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		ADMINISTRATIVE SERVICES BUREAU ASSISTANT COMMANDING OFFICER'S SIGNATURE				DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		ADMINISTRATIVE SERVICES BUREAU COMMANDING OFFICER'S SIGNATURE				DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		OFFICE OF ADMINISTRATIVE SERVICES DIRECTOR'S SIGNATURE				DATE
AFTER RECOMMENDATION(S) PLEASE RETURN THIS FORM TO THE COMMANDING OFFICER, PERSONNEL DIVISION.						